

APPEAL OF ADMINISTRATIVE INTERPRETATION

WICHITA-SEDGWICK COUNTY METROPOLITAN AREA PLANNING DEPARTMENT INSTRUCTIONS FOR FILING AN APPEAL APPLICATION

1. An application for an appeal of an administrative interpretation must be signed by the appellant(s) or by the authorized agent(s) of such appellant and filed within 30 days after the Zoning Administrator has made a ruling. An appeal may be filed by any person aggrieved or by any officer of the city or county or any governmental agency or body affected by the decision of the Zoning Administrator.
2. In addition to the application form, the appellant must submit a written statement outlining in detail the manner in which it is believed that the administrative interpretation is in error. The appellant must also submit copies of the documentation provided by the administrative official from whom the appeal is taken.
3. A plot plan drawn to scale showing the proposed plan of improvements shall be submitted when deemed necessary by the Secretary.
4. The above-listed documents shall be submitted together with the fee established by the Governing Body and set forth herein. The fee should be made by check, payable to the City of Wichita, which acts as agent for the Metropolitan Area Planning Department.

The fee shall be as follows:

| | <u>County Case</u> | <u>City Case</u> |
|---|--------------------|------------------|
| Appeal of Administrative Interpretation | \$75 | \$85 |

5. All documents and the fee shall be submitted to the Board of Zoning Appeals, City Hall, % Metropolitan Area Planning Department, 10th Floor, City Hall, 455 N. Main Street, Wichita, KS, 67202-1688. Incomplete applications will be returned to the applicant.
6. Any person, official, or government agency dissatisfied with any order or determination of the Board of Zoning Appeals may bring an action within 30 days in the District Court of Sedgwick County to determine the reasonableness of any such order or determination.
7. Regular Meeting Dates:

City BZA: Fourth Tuesday of each month at 1:30 p.m. in the 10th Floor Conference Room, City Hall, 455 North Main, Wichita, KS.

County BZA: First Tuesday of each month at 3:30 p.m. in the County Commission Meeting Room, Third Floor, County Courthouse, 525 North Main, Wichita, KS.

(Alternate meeting dates may be scheduled upon approval of the Board)

**BOARD OF ZONING APPEALS
WICHITA, SEDGWICK COUNTY, KANSAS**

CASE NO. _____
FILED: _____

**APPEAL OF ADMINISTRATIVE INTERPRETATION
OF THE ZONING ADMINISTRATOR**

I. APPELLANT _____ PHONE _____
ADDRESS _____ ZIP CODE _____

AGENT _____ PHONE _____
ADDRESS _____ ZIP CODE _____

APPELLANT _____ PHONE _____
ADDRESS _____ ZIP CODE _____

AGENT _____ PHONE _____
ADDRESS _____ ZIP CODE _____

Relationship of appellant to property is that of _____
(Owner, Tenant, Lessee, Other Party with Standing to Appeal)

II. The appellant herein appeals from an Administrative Interpretation of the Zoning Administrator, as follows:

for property located

and legally described as:

in Sedgwick County, Kansas; and which is presently zoned _____.
The decision was rendered on _____ and refers to Section _____
of the Wichita/Sedgwick County Unified Zoning Code.

III. The appellant herein, or his authorized agent, acknowledges:

- a. That the appellant has received an instruction sheet concerning the filing and hearing of this matter;
- b. That the appellant has been advised of the fee requirements established by Governing Body and that the appropriate fee is herewith tendered;
- c. That the appellant has been advised of his right to bring action in the District Court of Sedgwick County to appeal the decision of the Board; and,
- d. That all documents are attached hereto as noted in paragraphs 2 and 3 of the instructions.

Appellant:_____ AuthorizeAgent:_____

Appellant:_____ AuthorizeAgent:_____

For Office Use Only

Map _____ Zoning (N) _____ (S) _____ (E) _____ (W) _____

BZA _____ Council/Commission District _____

Date: _____ Fee _____ Received by _____

Required Documents:

____ Decision being appealed ____ Legal Description ____ Site Plan ____ Appeal Justification